

RHODE ISLAND SCHOOL ORAL HEALTH SCREENING FORM

Student's Name:	School:
City/Town/Zip Code:	Grade/Classroom:
Screening Date:	Screener:

STUDENT DEMOGRAPHICS:

1. YEAR OF BIRTH	2. ETHNICITY	3. RACE	4. GENDER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hispanic/Latino <input type="radio"/> Not of Hispanic/Latino Origin	<input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> White	<input type="radio"/> Female <input type="radio"/> Male

SCREENING FINDINGS:

5. UNTREATED CARIES	6. CARIES EXPERIENCE	7. SEALANT(S) - Permanent Molar(s)
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. ABNORMAL SOFT TISSUE	9. ORTHODONTIC PROBLEMS	10. TREATMENT URGENCY
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Apparent Need for Care/Referral Recommended <input type="radio"/> No Apparent Need for Care

REFERRAL/COMMENTS:

[illegible]

Rhode Island School Oral Health Screening Form
Instructions to Screeners

[N.B.: [This is a scannable form.

Use a #2 pencil to completely fill the appropriate circles.]

Identification

Print: Student Name, School, City/Town, Grade/Classroom, Date, Screener
Name/Initials

Field 1. Age

Fill-in year of birth.

Field 2. Ethnicity

The RI Department of Health requires that ethnicity data be collected consistent with current federal guidance. While self-identification is the preferred method of classification and should be suitable for the older children [grade 7-grade 10], the screener's observation will be employed for the younger children [kindergarten-grade 5] in cases where information is not readily available from the school.

Field 3. Race

The RI Department of Health requires that race data be collected consistent with current federal guidance. While self-identification is the preferred method of classification and should be suitable for the older children [grade 7-grade 10], the screener's observation will be employed for the younger children [kindergarten-grade 5] in cases where information is not readily available from the school. More than one race, as necessary, may be filled in.

Field 4. Gender

Fill-in gender.

Field 5. Untreated Caries

Yes = One or more teeth with untreated carious lesions

No = -0- teeth with untreated carious lesions

Field 6. Caries Experience

Yes = One or more teeth with untreated carious lesions, restorations or tooth loss

[Note: exclude tooth loss due to trauma/orthodontic issues]

No = -0- teeth with untreated carious lesions, restorations or tooth loss

[Note: exclude tooth loss due to trauma/orthodontic issues]

Field 7. Sealants

Yes = One or more permanent molars with dental sealants

No = -0- permanent molars with dental sealants

Field 8. Abnormal Soft Tissue

Yes = Presence of gingival inflammation, fistulas, abscesses, and plaque related lesions

No = Absence of gingival inflammation, fistulas, abscesses, and plaque related lesions

Field 9. Orthodontic Problems

Yes = Presence of age inappropriate tooth eruption patterns, crossbites, and space management issues

No = Absence of age inappropriate tooth eruption patterns, crossbites, and space management issues

Field 10. Treatment Urgency

Apparent Need for Care = screening results → appears to need care/referral recommended [based on clinical judgement]

No Apparent Need for Care = screening results → appears to not need care [based upon clinical judgement]

Referral/Comments

Print: Need for referral/comments as appropriate [based upon clinical judgement]

Fields 11-16

To be completed by RI Department of Health

Form Distribution

Top copy → RI Department of Health

Bottom copy → Student School Health Record